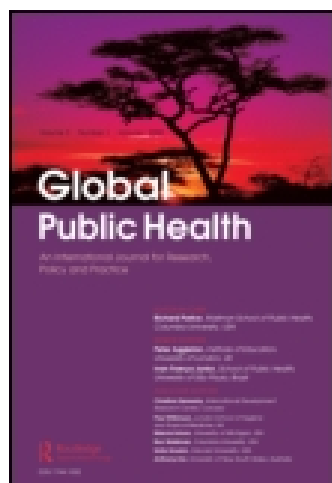


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### Sexual and reproductive health for all: The challenge still stands

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## INTRODUCTORY COMMENT

### Sexual and reproductive health for all: The challenge still stands

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This *Global Public Health* Special Issue ‘SRHR for the next decades: What’s been achieved? What lies ahead?’ assesses progress 20 years after the 1994 International Conference on Population and Development (ICPD), which established the sexual and reproductive health and rights framework for population and health policy (United Nations [UN], 1995). Contributors from different regions demonstrate that the challenges recognised by the ICPD still stand, and that lessons learned provide a clear way forward for the world’s governments as they convene at the United Nations (UN) to agree on priority actions, and a post-2015 global development agenda.

Fulfilment of sexual and reproductive health and rights enables people to have a satisfying and safe sex life, to reproduce if and when they desire and to have access to the health services and information necessary to make informed decisions, free of discrimination, coercion and violence (UN, 1995). According to a recent UN Global Review Report, progress has been made in the implementation of the ICPD agenda, but we still fall short of the ICPD goal of sexual and reproductive health for all (United Nations, 2014). International and national commitments have not been matched with action to improve the lives of people, particularly women, across our *one* world. One of the starkest examples is the persistent pandemic of violence against women.

Global and national indicators of progress are welcome, but mask harsh inequity, between and within countries (Barros et al., 2012). The better-off drive progress indicators upwards, while the marginalised and the underprivileged are left behind. The penalties for these shortfalls are heavy in terms of avoidable human suffering and lost opportunities for economic and human development.

Health and rights in sexuality and reproduction are an integrated package (Fathalla, 2002), which, the ICPD agreed, includes sexual and reproductive health services (family planning, maternity care, safe abortion, prevention and treatment of sexually transmitted infections and HIV, among others); comprehensive sexuality education; and protection of sexual and reproductive rights. People cannot be healthy if they have one element of the package but miss others (Germain, Dixon-Mueller, & Sen, 2009). The papers in this Special Issue show that progress on the components of sexual and reproductive health and rights has been uneven. While acknowledging that certain components may be more difficult or more costly to implement, progress in many instances has been hindered on ideological, rather than scientific, public health and cost-effectiveness grounds.

This Special Issue also considers the central role of addressing the underlying social and political determinants of sexual and reproductive health and rights, as well as work

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towards universal health coverage, currently facing an uphill struggle (*The Lancet*, 2012). Papers and commentaries stress that a human rights platform is essential for all of this work, along with strengthening of health systems, and design and delivery of comprehensive and integrated packages of health services and information.

Sexual and reproductive health for all is an achievable goal (Fathalla, Sinding, Rosenfield, & Fathalla, 2006). Those of us who participated in the ICPD and have seen the paradigm shift from 'counting people' to 'people count' have no hesitation in giving credit to women who abandoned silence and made their voices loudly heard, then and now. They demand faster progress towards sexual and reproductive health and rights for all. Despite steep mountains to climb, make no mistake: women are not turning back.

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